OFFICE OF THE CHAPTER 13 STANDING TRUSTEE

Andrew B. Finberg Chapter 13 Standing Trustee Cherry Tree Corporate Center 535 Route 38, Suite 580 Cherry Hill, NJ 08002-2977 (856) 663-5002

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEW JERSEY (Camden)

In Re:		Proceedings in Chapter 13
HARRIS KIM		Case No.: 24-16954-JNP
	Debtor(s).	TRUSTEE'S STATEMENT PURSUANT TO 11 U.S.C. §§ 1302(c), 1106(a)(3), and
	Debioi(s).	1106(a)(4)

The Chapter 13 Standing Trustee hereby submits this Statement of Investigation of the financial affairs of the Debtor(s) pursuant to 11 U.S.C. §§ 1302(c), 1106(a)(3) and 1106(a)(4).

- 1. The Trustee's office has conducted a § 341(a) Meeting of Creditors and a business examination which consisted of the review of the Petition, Schedules A J, Statement of Financial Affairs, and Statement of Current Monthly Income, including a comparison between the Debtor(s)' filed petition and schedules and Certification of Business Debtor (attached hereto as Exhibit "A").
- 2. The Trustee, except to the extent that the Court orders otherwise, has investigated the acts, conduct, assets, liabilities, and financial condition of the Debtor(s), the operation of the Debtor(s)' business and the desirability of the continuance of such business, and any other matter relevant to the case or to the formulation of a plan.
- 3. Furthermore, in connection with the investigation, the Trustee has not ascertained any fact pertaining to fraud, dishonesty, incompetence, misconduct, mismanagement or irregularity in the management of the affairs of Debtor(s), or to a cause of action available to the estate.

Dated: October 2, 2024 Respectfully submitted,

ICB: KES via first class mail:

HARRIS KIM

/s/ ANDREW B. FINBERG
ANDREW B. FINBERG
Chapter 13 Standing Trustee

Form 20020-00-Trustee's Statement; Chapter 13 Standing Trustee

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEW JERSEY (Camden)

IN RE:		Proceedings in Cha	Proceedings in Chapter 13		
	Harris Kim Debtore	CERTIFICATIO FOR DISSO	Case Number: 24-1695Y (ABA JNP) CERTIFICATION OF HOUSEHOLD INCOME FOR DISSOLUTION OF A BUSINESS WITHIN THE LAST TWO (2) YEARS		
,		being du	y sworn, upon my	oath state:	
2. 3. 4. 5. 6. 7. 8.				osure of this	
	Bank Name Type	of Account / Purpose		Number digits)	
11	. I (have or have not) closed these accounts v. I (have or have not) filed final business tax Jersey or any other state or commonwealth for required to file a return. At the time of closing, the value of my busin accounts totaled \$ 300,000	returns with the Internal for all the prior tax years, ness assets, including tool	for which I/the bu	entory, and	

Case 24-16954-JNP Doc 35 Filed 10/02/24 Entered 10/02/24 15:54:47 Desc Page 3 of 7

- 14. In support of this certification and as required by the Standing Trustee, I provide the following documents:
 - o Last two (2) filed Federal Tax Returns, with all supporting schedules and statements;
 - Verification of dissolution of the business from the Internal Revenue Service and/or State of New Jersey or any other state or commonwealth;
 - o Six (6) months of pre-petition Bank Statements (all pages);
 - o Verification that all business accounts have been closed; and
 - O Six (6) months of pre-petition income from all other sources.

I declare under penalty of perjury that the foregoing statements are true and correct.

I have read and acknowledge my responsibilities as a business debtor.

I understand that by filing this certification with the Standing Trustee and attachments in its support, I am signing the document under Fed. R. Bankr. P. 9011.

I declare that (I or my attorney) will retain the original signature of this certification for a period of seven (7) years from the date of the closing of this case pursuant to Fed. R. Bankr. P. 8011.

01

Date: 6/12/2004	/s/	Debtor
Date:	/s/	
Date:	lal	Co-Debtor
	/s/	Household Member

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEW JERSEY (Camden)

IN R	Е:	Proceedings in Chapter 13		
	Harris Kim	Case Number: 24-1695Y (ABA (JNP)		
	Debtor(s).	CERTIFICATION OF HOUSEHOLD INCOME DERIVING FROM INDEPENDENT EMPLOYEE AND/OR NON-EMPLOYEE COMPENSATION (IRS FORM 1099-MISC INCOME)		
[,	Harns Kim	being duly sworn, upon my oath state:		
1.	for the following company(ies):	d/or non-employee compensation (IRS Form 1099-Misc)		
	a. mam'sella Clean b.	1875		
2.		iployee is <u>Cleaning</u> laundy		
3.	3. I began as a Form 1099-Misc employee on mm/dd/yyyy. 10/1/23			
4.	. I presently (receive of do not receive) income as a 1099 employee.			
5.	. I stopped as a Form 1099-Misc employee on mm/dd/yyyy.			
6.	I (do or do not) have separate liability insurance employee.	e coverage for the work I perform as a Form 1099-Misc		
7.	As of the date of this certification I have the following	lowing insurance coverage(s):		
	 □ Auto insurance; □ Professional liability insurance (E&O); □ Property insurance; □ Malpractice insurance; 			
	Other:;	No insurance required.		
8.	I (do or do not) have an active license or per employee.	mit for the work I perform as a Form 1099-Misc		
9.	I have bank accounts in the following financial	institutions which are utilized for the work I perform as a		
	Form 1099-Misc employee:			
	Bank Name Type of	Account / Purpose Account Number (Last 4 digits)		
	// //-			

Case 24-16954-JNP Doc 35 Filed 10/02/24 Entered 10/02/24 15:54:47 Desc Page 5 of 7

10. I (do or do not) have business expenses associated with the work I perform as a Form 1099-Misc
employee (i.e. gas, travel, tolls, etc.).
11. These expenses are (reimbursed or unreimbursed) by my employer.
12. I (have or have not) filed individual tax returns with the Internal Revenue Service for all the prior tax
years, for which I/the business was required to file a return.
13. I (have or have not) filed applicable state tax returns with the State of New Jersey or any other state or
commonwealth for all prior tax years, for which I/the business was required to file a return.
14. As of the date of this certification, the value of my business assets, including tools, equipment,
inventory, and accounts total \$_\(\sigma\) \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \
15. As of the date of this certification, I have business obligations which total \$ 6.00.
16. In support of this certification and as required by the Standing Trustee, I provide the following attached
documents (attached):
 Last two (2) filed Federal Tax Returns, with all supporting schedules and statements; Last Form 1099-Misc received; Six (6) months of pre-petition Bank Statements (all pages); Six (6) months of pre-petition Profit and Loss statements; Current insurance declaration page; Current license and/or permit, plus municipal and county licenses and certifications; and Six (6) months of pre-petition income from all other sources.
I declare under penalty of perjury that the foregoing statements are true and correct.
I have read and acknowledge my responsibilities as a business debtor.
I understand that by filing this certification with the Standing Trustee and attachments in its support, I am signing the document under Fed. R. Bankr. P. 9011.
I declare that (I or my attorney) will retain the original signature of this certification for a period of seven (7 years from the date of the closing of this case pursuant to Fed. R. Bankr. P. 8011.
Date: 6/12/2004 /s/ #h. Debtor
Date:
Date:

Household Member

Case 24-16954-JNP Doc 35 Filed 10/02/24 Entered 10/02/24 15:54:47 Desc Page 6 of 7

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEW JERSEY (Camden)

IN R	E:	Proceedings in Cha	apter 13	
	Harris Kim Debtor(s	DERIVING FROM AND/OR NON-E	- /6 95Y ON OF HOUSEHO! M INDEPENDEN! EMPLOYEE COM M 1099-MISC INC	T EMPLOYEE IPENSATION
I,	II S. Kim	being dul	ly sworn, upon my	oath state:
1.	I derive income from independent employee a for the following company(ies): a. Pink Walls Salon b.	•		Form 1099-Misc)
2. 3.	The nature of my work as a Form 1099-Misc e	employee is Noul te	echnician.	
4.	4. I presently (receive or do not receive) income as a 1099 employee.			
5. 6.	I stopped as a Form 1099-Misc employee on management of the stopped as a Form 1099-Misc employee on management of the stopped as a Form 1099-Misc employee on management of the stopped as a Form 1099-Misc employee on management of the stopped as a Form 1099-Misc employee on management of the stopped as a Form 1099-Misc employee on management of the stopped as a Form 1099-Misc employee on management of the stopped as a Form 1099-Misc employee on management of the stopped as a Form 1099-Misc employee on management of the stopped as a Form 1099-Misc employee on management of the stopped as a Form 1099-Misc employee on management of the stopped as a Form 1099-Misc employee on management of the stopped as a stopped a			Form 1099-Misc
7.	As of the date of this certification I have the fo	ollowing insurance cove	erage(s):	
	 □ Auto insurance; □ Professional liability insurance (E&O); □ Property insurance; □ Other: □ No insurance required. 			
8.	. I (do or do not) have an active license or permit for the work I perform as a Form 1099-Misc employee.			
9.	I have bank accounts in the following financial	l institutions which are	utilized for the wo	rk I perform as a
	Form 1099-Misc employee:			
	Bank Name Type of	f Account / Purpose	Account 1 (Last 4 c	CONTRACTOR OF THE CONTRACTOR O
	NA	/ /)	NA	

Case 24-16954-JNP Doc 35 Filed 10/02/24 Entered 10/02/24 15:54:47 Desc Page 7 of 7 10. I (do or do not) have business expenses associated with the work I perform as a Form 1099-Misc employee (i.e. gas, travel, tolls, etc.). 11. These expenses are (reimbursed or unreimbursed) by my employer. 12. I (have or have not) filed individual tax returns with the Internal Revenue Service for all the prior tax years, for which I/the business was required to file a return. NA 13. I (have or have not) filed applicable state tax returns with the State of New Jersey or any other state or commonwealth for all prior tax years, for which I/the business was required to file a return. \mathcal{N}/\mathcal{P} 14. As of the date of this certification, the value of my business assets, including tools, equipment, inventory, and accounts total \$ 0.00 15. As of the date of this certification, I have business obligations which total \$ 0 - 40 16. In support of this certification and as required by the Standing Trustee, I provide the following attached documents (attached): o Last two (2) filed Federal Tax Returns, with all supporting schedules and statements; o Last Form 1099-Misc received; O Six (6) months of pre-petition Bank Statements (all pages): O Six (6) months of pre-petition Profit and Loss statements; o Current insurance declaration page; Current license and/or permit, plus municipal and county licenses and certifications; and O Six (6) months of pre-petition income from all other sources. I declare under penalty of perjury that the foregoing statements are true and correct. I have read and acknowledge my responsibilities as a business debtor. I understand that by filing this certification with the Standing Trustee and attachments in its support, I am signing the document under Fed. R. Bankr. P. 9011. I declare that (I or my attorney) will retain the original signature of this certification for a period of seven (7) years from the date of the closing of this case pursuant to Fed. R. Bankr. P. 8011. Date: 6/12/24 Debtor Date: Co-Debtor

Household Member

/s/

Date: _____